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ABSTRACT

This paper describes the development of the Behavioral and Emotional Strengths Scale (BESS), developed as part of a program which focuses on strengths of children usually seen as having severe emotional and/or behavioral disorders. The BESS is a 68-item scale that identifies children's behavioral strengths on five dimensions: (1) self-control; (2) affective development; (3) family involvement; (4) school performance; and (5) self-confidence. The paper reports the results of efforts that establish the scale's content validity, item discrimination, and factor structure. It also notes current efforts to establish norms for the BESS. (DB)



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The Development of a Scale to Assess the Emotional and Behavioral Strengths of Children

<u>Authors</u>

<u>Introduction Content Validity Item Discrimination</u>
<u>Factor Structure Current Efforts</u>

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Introduction

In 1994, Kaleidoscope, one of the preeminent child welfare agencies in the nation, received a grant from the Annie E. Casey Foundation to evaluate its Satellite Family Outreach Program. This program's priority is to provide services to children and families presenting many challenges to their systems of care. The children and parents have often been diagnosed as seriously disabled, disturbed, or incorrigible and are in need of intensive treatment service efforts toward integrating them into their home communities and/or family life. The services Kaleidoscope provides are based on the philosophy of Wraparound Care. The key principles of care are: (a) unconditional care, (b) intensive case management, (c) individual planning, (d) family involvement, (e) flexible funding, and (f) cultural competence.

The Satellite Program uses these principles in serving their children and families. A major component of these principles of care is to identify and build upon behavioral strengths of the children and families. In developing the evaluation plan and choosing appropriate instruments for Satellite, the evaluation team noticed that limited numbers of assessment instruments were available to measure children's emotional and behavioral strengths. Additionally, those instruments that did exist lacked acceptable validity and reliability.

Many of the behavior assessment scales currently used in education and psychology are deficit oriented. While these scales are helpful for identifying children in need, they may not be helpful in developing a child's treatment plan or goals. However, strength-based assessment can be used to identify a child's competencies and therefore be useful in developing his/her treatment plans and goals. Strength-based assessment views children and families as individuals with unique talents, life events, and needs. From



an ecological perspective, strength-based assessment evaluates children and families across various life domains (e.g., family, social, school, and psychological).

We began to develop the Behavioral and Emotional Strengths Scale (BESS) to provide professionals with a valid and reliable strength-based assessment instrument. The BESS is a 68-item scale that identifies children's behavioral strengths on five dimensions: (1) self-control, (2) affective development, (3) family involvement, (4) school performance, and (5) self-confidence. The scale is designed for teachers and direct service providers to complete on children with whom they work. Each item is comprised of a statement describing a strength children may demonstrate. The respondent then rates the child on a Likert-type scale in terms of how well the item describes the child (i.e., 0 = Notat All Like the Child to 3 = Very Much Like the Child). Completion time is approximately 10-15 minutes. The item scores are then summed to determine the child's total score. To date, the content validity, item discrimination, and factor structure of the BESS have been established.

Content Validity

The content validity of the BESS was determined in several steps. First, in order to focus on important areas of strength and include items meaningful to practitioners, 250 professionals from mental health and social service agencies nationwide were mailed surveys in which they were asked to list up to 10 behaviors that children and adolescents engage in when they begin to show improvement. The survey respondents listed over 1,200 behaviors. The original list was then reduced to 190 by combining similar items. Next, these 190 items were grouped into 15 categories of behavioral strengths (e.g., self responsibility, school performance, peer relations, views of others). Based on these categories, lists comprised of 7-9 items were constructed for use in further surveys. Using the lists of 7-9 items, a second national mailing was made to an additional 400 mental health and social service staff. These professionals were asked to rank order the 190 statements (each respondent ranked three lists) with regard to how important they were to a child's behavioral strengths. Finally, based on median and quartile scores computed for each item, another 63 items were deleted (i.e., those with high median and high quartile scores). The resulting scale consisted of 127 items that described the behavioral strengths that a child may demonstrate.

Item Discrimination

In the spring of 1995, a study was conducted to establish the ability of the BESS to discriminate between children with and without serious emotional disturbance (SED). As part of this study, teachers and direct service providers were asked to complete the 127-item version of the BESS on children with SED (N = 148) and children without SED (N = 110).



with SED (N = 148) and children without SED (N = 110).

One-way analyses of variance (ANOVAs) and Pearson Chi-Square analyses were conducted on each item. The ANOVAs were significant for each item. The children with SED scored significantly lower on each item than did the children without SED. To perform a chi-square analysis, the response choices on the Likert-scale were collapsed for comparison. The "Not at All Like" choice remained a single category, the other three choices (i.e., "Not Much Like", "Like", and "Very Much Like") were combined into a general "Like" category. A 2 ("Not at All Like" v. "Like") X 2 (SED v. Non-SED) Pearson Chi-Square test was conducted for each item. The analysis identified 37 items on which children with SED and those without SED did not differ. An additional 10 items were eliminated because a sufficient number of cells with the minimum expected frequency for a specific item was not obtained. These items were discarded resulting in an 80 item version of the BESS.

Factor Structure

Having determined the content validity and item discrimination, we conducted factor analyses to determine the important domains of behavioral strengths assessed by the BESS. The factor analyses occurred in two steps. First, using the data set from the 258 children who had scales completed, an oblique factor analysis with item loadings set at .40 was conducted. Nine factors emerged. Second, further factor analyses were conducted with eigenvalues set at 1.5, item loadings set at .40, and four items set as the minimum number of items in any factor. Five meaningful factors comprised of 68 items were identified: (1) Self-Control, (2) Affective Development, (3) Family Involvement, (4) School Performance, and (5) Self-Confidence. See Figure 1 for items in each factor.

Current Efforts

Currently, efforts are being made to establish norms for the Behavioral and Emotional Strengths Scale (BESS). As of May 1996, the scale has been completed on approximately 1800 children with and without SED nationwide. Additionally, a number of studies to determine the validity and reliability of the BESS have been completed. Three validation studies have been completed. For each study, teachers or direct service providers completed the BESS and either (a) the Teacher Report Form (N = 84), (b) the Harter Self-Perceptions Profile for Children (N = 78), or (c) the Walker- McConnell Scale of Social Competence and School Adjustment (N = 71) on up to 10 of their students. Studies to establish the interrater and test-retest reliability have also been conducted. In these studies, teachers and direct service providers completed the BESS for up to 10 students common to both respondents and at two different intervals. Preliminary analyses are currently underway.



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